

**HYPOTHESIS GENERATING QUESTIONNAIRE FOR [ \_\_\_\_\_ ] (ENTER PATHOGEN)**

**PULSENET CLUSTER CODE: [ \_\_\_\_\_ ] (ENTER CLUSTER CODE)**

Form Approved  
OMB No: 0920-0997  
Expires: xx/xx/xxxx

**Section 1: INTERVIEWER & PATIENT INFORMATION** – Complete Section 1 prior to interview

- PulseNet ID #: \_\_\_\_\_ and/or WGS ID: \_\_\_\_\_ State/Local/Other ID #: \_\_\_\_\_
- Date of Interview: \_\_\_/\_\_\_/\_\_\_\_\_  
MM DD YYYY
- Interviewer Information Name: \_\_\_\_\_ Agency or Organization: \_\_\_\_\_
- Respondent was:  Self  Parent  Spouse  Other (specify): \_\_\_\_\_
- State and county of residence? State \_\_\_\_\_ County \_\_\_\_\_
- Age at time of illness \_\_\_\_\_  Days  Months  Years  Unknown

**Section 2: CLINICAL INFORMATION:** Now I have a few questions about your (the patient's) illness.

- What date did you (the patient) first feel sick? \_\_\_/\_\_\_/\_\_\_\_\_  
M M D D Y Y Y Y  Unknown
    - If Unknown, please enter specimen collection date: \_\_\_/\_\_\_/\_\_\_\_\_  
M M D D Y Y Y Y  Unknown
- | Yes                      | Maybe                    | No                       | Don't Know               | Did you (the patient)  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Get admitted overnight to a hospital for this illness? <input type="checkbox"/> Refused   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Develop Hemolytic Uremic Syndrome, or HUS? <input type="checkbox"/> Refused   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Have any diarrhea (defined as at least 3 loose stools in 24 hours) <input type="checkbox"/> Refused   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Have any close contact with anyone with diarrhea or vomiting in the week before illness?  |
|                          |                          |                          |                          | a. When did this person first become ill <input type="checkbox"/> less than 24 hours before you <input type="checkbox"/> ≥ 24 hours before you<br><input type="checkbox"/> After your (the patient's) illness onset <input type="checkbox"/> Unknown |
|                          |                          |                          |                          | <i>For interviewer only:</i>   |
|                          |                          |                          |                          | b. If this person is part of the outbreak, what is their PulseNet or WGS ID? _____   |

**Section 3: TRAVEL:** Next I have a couple of questions about any travel you (the patient) might have done, either for work or for pleasure. As I read each question, please answer as yes, no, maybe, or can't remember in the 7 days before you (the patient) got sick.

- If the case spent **the entire 7 days** before illness onset outside the US, please be sure countries, travel dates, and hotel/resort names are noted and **skip to the end of the interview.**
- If the case spent **only part of the 7 days** before illness onset outside the US, please complete the remainder of the **interview collecting only foods purchased or eaten in the US.**

- | Yes                      | Maybe                    | No                       | Don't Know               |   |                  |                 |                   |                   |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|--------------------------|--------------------------|--------------------------|---|------------------|-----------------|-------------------|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. In the 7 days before illness, did you (the patient) travel to another country outside the U.S.?  |                  |                 |                   |                   |  |  |  |  |  |  |  |  |  |  |  |  |
|                          |                          |                          |                          | <i>List all states that you traveled to where you (the patient) might have purchased or eaten foods. This would include foods eaten at airports, bus, or train stations.</i>  |                  |                 |                   |                   |  |  |  |  |  |  |  |  |  |  |  |  |
|                          |                          |                          |                          | <table border="1"> <thead> <tr> <th>City and Country</th> <th>Date of Arrival</th> <th>Date of Departure</th> <th>Hotel/Resort Name</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | City and Country | Date of Arrival | Date of Departure | Hotel/Resort Name |  |  |  |  |  |  |  |  |  |  |  |  |
| City and Country         | Date of Arrival          | Date of Departure        | Hotel/Resort Name        |   |                  |                 |                   |                   |  |  |  |  |  |  |  |  |  |  |  |  |
|                          |                          |                          |                          |   |                  |                 |                   |                   |  |  |  |  |  |  |  |  |  |  |  |  |
|                          |                          |                          |                          |   |                  |                 |                   |                   |  |  |  |  |  |  |  |  |  |  |  |  |
|                          |                          |                          |                          |   |                  |                 |                   |                   |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. In the 7 days before illness, did you (the patient) travel to another state in the U.S.?   |                  |                 |                   |                   |  |  |  |  |  |  |  |  |  |  |  |  |
|                          |                          |                          |                          | <i>List all countries outside the United States where you (the patient) might have purchased or eaten foods. This would include foods eaten at airports, bus, or train stations.</i>  |                  |                 |                   |                   |  |  |  |  |  |  |  |  |  |  |  |  |
|                          |                          |                          |                          | <table border="1"> <thead> <tr> <th>State</th> <th>Date of Arrival</th> <th>Date of Departure</th> <th>Hotel/Resort Name</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>            | State            | Date of Arrival | Date of Departure | Hotel/Resort Name |  |  |  |  |  |  |  |  |  |  |  |  |
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|                          |                          |                          |                          |   |                  |                 |                   |                   |  |  |  |  |  |  |  |  |  |  |  |  |
|                          |                          |                          |                          |   |                  |                 |                   |                   |  |  |  |  |  |  |  |  |  |  |  |  |
|                          |                          |                          |                          |   |                  |                 |                   |                   |  |  |  |  |  |  |  |  |  |  |  |  |

**Section 3: Travel Comments.** Please fill in any comments/notes from this section in the space provided below:

\_\_\_\_\_

Public reporting burden of this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA 0920-0997

**Section 4: SOURCES OF FOOD PREPARED AT HOME:** Now I have a few questions about where the sources of food you (the patient) prepared and ate **at home** in the 7 days before your illness began. First, I will ask you (the patient) about where any food prepared **at home** came from. This could include grocery stores, warehouse stores, farmers' markets, home delivery, delis, swap meets, ethnic or specialty markets, butchers, live animal markets, food or meal subscription services, or groceries that were bought several weeks ago but consumed in the 7 days before you (the patient) got sick. I'm going to ask a few questions about stores you (the patient) may have shopped at, as well as any shopper card numbers or other store membership information you (the patient) may have. This could also include a shopper number from someone else in your household. Store shopper or membership information can help provide detailed information, such as brands, varieties, purchase date, that you may not know or remember. You (the patient) may also be able to access your own shopper history through an online account. Additionally, I'll also ask a few questions about dietary practices and restrictions.

*Optional prompt to further explain shopper card/purchase records: when you share your purchase histories with us, we can compare other people's purchase histories to see if the same food is reported or identified. Your (the patient's) purchase history will only be shared on a need-to-know basis with local, state, or federal staff during the investigation. This information could help solve the outbreak and prevent additional illnesses. Remember to collect all store shopper or membership information used for the household. Store shopper or membership information can be a shopper card or loyalty program number, phone number, or other identifier that an individual may use when making purchases that would allow for a record of their purchases to be obtained.*

1. Do you (the patient) keep Halal?  Yes  No  Unknown
2. Do you (the patient) keep Kosher?  Yes  No  Unknown
3. Do you (the patient) follow any other type of diet or have other dietary restrictions such as vegan, vegetarian, dairy or gluten free, etc.?  Yes  No (if yes, specify) \_\_\_\_\_
4. Did you (the patient) consume groceries purchased online or through an app such as Instacart, Amazon, Whole Foods, etc.?  Yes  No (if yes, specify in the table below)
5. Did you (the patient) consume food provided by online meal kit or meal delivery services such as Hello Fresh, Blue Apron, etc.?  Yes  No (if yes, specify in the table below)
6. Please specify all other locations you (the patient) may have shopped or ate food from in the 7 days prior to illness (please list store names, address/location, and shopper card # (if applicable) mentioned by the interviewee below: Remember to collect all shopper cards, online records, or app orders used for the household. Sometimes shopper card numbers can be phone numbers.)

Store/Supermarket/Subscription Services	Address/Location	Purchase/Shopping Method	Store Shopper or Membership Information	Records of Online/App Orders (if applicable)
		<input type="checkbox"/> In-Person <input type="checkbox"/> Online/App & Pick-Up or delivery		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In-Person <input type="checkbox"/> Online/App & Pick-Up or delivery		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In-Person <input type="checkbox"/> Online/App & Pick-Up or delivery		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In-Person <input type="checkbox"/> Online/App & Pick-Up or delivery		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In-Person <input type="checkbox"/> Online/App & Pick-Up or delivery		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> In-Person <input type="checkbox"/> Online/App & Pick-Up or delivery		<input type="checkbox"/> Yes <input type="checkbox"/> No

7. May we have permission to retrieve purchase history based on your (the patient's) store shopper or membership information and share with other public health officials to help with this outbreak investigation? Although we will collect your purchase history, we will not release any further information about you (the patient) or your (the patient's) illness. Please modify wording to fit your state's needs  Yes  No

**Section 4: Additional Store/Retail Names and Locations.**

**Section 5: SOURCES OF FOOD PREPARED OUTSIDE THE HOME:** Now I have a few questions about the food that you (the patient) ate **outside your (the patient's) home** or that was prepared **outside your home** such as at restaurants, fast food chains, or take out. It could be helpful to check calendars, credit card statements or receipts, or phone photos to refresh your memory. I'm going to ask some specific questions about where food you (the patient) may have eaten was prepared. Please tell me the names of each place you (the patient) would have eaten food during the 7 days before your (the patient's) illness began.

1. Please specify all restaurants/stores you (the patient) may have eaten (sit down and take out) (*please list names, address/location, meal dates, and food ordered/eaten by the interviewee below*)
2. Eat ready-to-eat foods from a grocery store salad bar, hot bar, or deli?  Yes  No (*if yes, specify in table*)
3. Eat foods from a food truck or food stand  Yes  No (*if yes, specify in table*)
4. Eat any food from catered events or potlucks such as a parties, conferences, weddings, etc.?  Yes  No (*if yes, specify in table*)
5. Eat any food items from a school, work, or hospital cafeteria?  Yes  No (*if yes, specify in table*)
6. For the restaurant and fast food locations identified, did you order from delivery service such as Uber Eats, Grub Hub, or Door Dash?  Yes  No (*if yes, specify in table*)

Location Name	Address/Location	Meal Date(s)	Food Ordered/Eaten

**Section 5: List Additional Restaurant/Retail Names and Locations.**

**Section 6: POULTRY, MEAT, AND MEAT ALTERNATIVES:** Now I have a few questions about meat, poultry, and meat alternatives (like tofu) that you (the patient) might have eaten in the 7 days before your (the patient's) illness began. This does not include canned items, but the meat and poultry could have been fresh, frozen, or could have been eaten as part of dish such as casseroles, soups, burgers, or sandwiches. You (the patient) may have eaten this at home or away from home, such as in a restaurant, takeout, or at a catered event. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (the patient) got sick.

**First, I have questions about CHICKEN & OTHER POULTRY products.**

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Chicken prepared <u>at home</u> ? <b>If no, skip to question 5</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Whole chicken? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Chicken cut into parts or pieces, like breasts, drumsticks, thighs, or wings? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Ground chicken? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Frozen, stuffed chicken products like breaded chicken cordon bleu, chicken kiev, chicken broccoli and cheese, or other similar stuffed chicken products? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Frozen, breaded chicken products like chicken nuggets, strips, or tenders? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Chicken prepared <u>outside the home</u> ? a. List name(s) and location(s): _____ <input type="checkbox"/> Unknown b. Dish eaten: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Rotisserie chicken, roasted chicken, or any chicken purchased precooked at a grocery store or deli? a. List name(s) and location(s): _____ <input type="checkbox"/> Unknown

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Turkey prepared <u>at home</u> . <b>If no, skip to question 14</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Whole turkey? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Cut turkey pieces or parts like turkey legs or breasts? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Ground turkey? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Other turkey? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Turkey prepared <u>outside the home</u> ? a. List name(s) and location(s): _____ <input type="checkbox"/> Unknown b. Dish eaten: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Other poultry, like duck, game hen, or squab? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<b>Section 6: Chicken/Poultry Comments.</b> Please fill in any comments/notes from this section in the space provided below:				

<b>Now I have questions about BEEF products.</b>				
Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Beef prepared <u>at home</u> ? This could include foods like hamburger patties, steaks, casseroles, tacos, soups, or pasta sauces. <b>If no, skip to question 19</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Ground beef? This could include foods like hamburger patties, casseroles, tacos, soups, or pasta sauces a. Was it purchased: <input type="checkbox"/> In a tray <input type="checkbox"/> As a chub <input type="checkbox"/> Pre-formed patties <input type="checkbox"/> Other, specify _____ b. Type, variety, brand: _____ <input type="checkbox"/> Unknown c. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown d. How was it consumed? <input type="checkbox"/> Raw <input type="checkbox"/> Pink/red inside <input type="checkbox"/> Well-done, no pink inside <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Beef steak, roasts, carne asada, or other whole cuts of beef? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown c. How was it consumed? <input type="checkbox"/> Raw <input type="checkbox"/> Pink/red inside <input type="checkbox"/> Well-done, no pink inside <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Beef prepared <u>outside the home</u> ? This could include foods like hamburger patties, steaks, casseroles, tacos, soups, or pasta sauces. a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Dish eaten: _____ <input type="checkbox"/> Unknown c. How was it consumed? <input type="checkbox"/> Raw <input type="checkbox"/> Pink/red inside <input type="checkbox"/> Well-done, no pink inside <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Veal? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown c. How was it consumed? <input type="checkbox"/> Raw <input type="checkbox"/> Pink/red inside <input type="checkbox"/> Well-done, no pink inside <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Raw beef dishes such as kitfo or tartare? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<b>Section 6: Beef Comments.</b> Please fill in any comments/notes from this section in the space provided below:				

**Now I have questions about PORK, LAMB, AND OTHER MEAT TYPES**

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Pork prepared <u>at home</u> (like whole pig, chops, tenderloin, roast, shoulder, ground, etc.)? a. Type/cut: <input type="checkbox"/> Ground <input type="checkbox"/> Whole pig <input type="checkbox"/> Pork chops <input type="checkbox"/> Pork ribs <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown b. Brand(s): _____ <input type="checkbox"/> Unknown c. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Pork prepared <u>outside the home</u> ? This would include pig roasts, sit-down restaurants, fast food restaurants, take-out, food trucks, cafeterias, delivery from restaurants, etc. a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Dish eaten: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Other meat like lamb, goat, bison, or game meat? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Other meat and/or poultry products, including organ meats (like liver, heart, giblets, tongue, intestines, blood), not mentioned already? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown

**Section 6 Pork, Lamb, and Other Meat Type Comments.** Please fill in any comments/notes from this section in the space provided below:

**Now I have questions about PROCESSED MEAT and POULTRY products.**

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Bacon? a. Type (beef, pork, turkey, etc.), variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Sausage, like Polish sausage, kielbasa, Bratwurst, breakfast sausage, or other similar product? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Hot dogs or corn dogs? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Pepperoni? Including pepperoni on a sandwich or pizza
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Any Italian-style meats, like salami, prosciutto, or capicola? a. Type: <input type="checkbox"/> Salami <input type="checkbox"/> Prosciutto <input type="checkbox"/> Capicola <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown b. Variety, brand: _____ <input type="checkbox"/> Unknown c. How were these purchased? <input type="checkbox"/> Prepackaged <input type="checkbox"/> At the deli <input type="checkbox"/> In a snack plate/charcuterie board <input type="checkbox"/> Salami sticks <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Store-bought, dried meat strips or jerky such as turkey, chicken, pork, or beef? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Any deli meat or cold cuts? a. Was this sliced at the deli? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown b. Type: <input type="checkbox"/> Turkey <input type="checkbox"/> Ham <input type="checkbox"/> Beef (like pastrami, roast beef) <input type="checkbox"/> Italian meats (like salami, prosciutto) <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown c. Variety, brand: _____ <input type="checkbox"/> Unknown d. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Any liver pâté or foie gras (specify type: chicken, beef, duck, pork, etc.) a. Type, variety, brand: _____ <input type="checkbox"/> Unknown

**Section 6 Processed Meat and Poultry Comments.** Please fill in any comments/notes from this section in the space provided below:

**Now I have a question about MEAT ALTERNATIVES.**

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Any plant-based meat substitutes like Impossible Meat, Beyond Meat, or Morningstar? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Any tofu, tempeh, seitan, or other meat alternatives? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown

**Section 6: Meat Alternatives Comments.** Please fill in any comments/notes from this section in the space provided below:

**Section 7: FISH AND SEAFOOD:** Now I have some questions about fish and seafood you (the patient) might have eaten in the 7 days before your (the patient's) illness began. You (the patient) may have eaten this at home or away from home, such as in a restaurant, take-out, or at a catered event. This does not include canned items. The fish and seafood could have been fresh, frozen, or could have been eaten alone or as part of a dish, sauce, or dip. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (the patient) got sick.

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Raw or undercooked fish or fish products, like sushi, sashimi, ceviche, or poke? a. Raw tuna? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Don't know b. Raw salmon? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Don't know c. Other raw fish, specify: _____ <input type="checkbox"/> Unknown d. Describe the dish: _____ <input type="checkbox"/> Unknown e. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Store-bought fish (not including shellfish) prepared <u>at home</u> ? a. How was it purchased? <input type="checkbox"/> Frozen <input type="checkbox"/> Fresh <input type="checkbox"/> Unknown b. How was it prepared? <input type="checkbox"/> Raw <input type="checkbox"/> Undercooked <input type="checkbox"/> Fully cooked <input type="checkbox"/> Unknown c. Type of fish eaten: _____ <input type="checkbox"/> Unknown d. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Fish (not including shellfish) prepared <u>outside the home</u> ? a. How was it prepared? <input type="checkbox"/> Raw <input type="checkbox"/> Undercooked <input type="checkbox"/> Fully cooked <input type="checkbox"/> Unknown b. Type of fish eaten: _____ <input type="checkbox"/> Unknown c. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown d. Dish eaten: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Smoked or dried fish, like smoked salmon, lox, bonito flakes, fish jerky? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Shrimp or prawns? a. <input type="checkbox"/> Frozen <input type="checkbox"/> Fresh <input type="checkbox"/> Unknown b. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Crab, lobster, or crayfish/crawfish? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Oysters? a. Were the oysters raw? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown b. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Clams, mussels, scallops, or other shellfish? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Any other fish or seafood? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown

**Section 7: Fish and Seafood Comments.** Please fill in any comments/notes from this section in the space provided below:

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**Section 8: EGGS, DAIRY, AND CHEESE:** Now I have a few questions about eggs, dairy, and cheese products you (the patient) might have eaten in the 7 days before your (the patient's) illness began. You (the patient) could have eaten these either in your home or away from home, such as in a restaurant, take-out, or at a catered event. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (the patient) got sick.

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Eggs or egg-containing dishes prepared <u>at home</u> ? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Eggs or egg-containing dishes prepared <u>outside the home</u> ? a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Dish Eaten: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Egg alternatives or vegan egg substitutions? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Anything made with raw eggs that was not fully cooked (cookie dough, cake batter, sauces, homemade ice cream, homemade mayo, homemade salad dressing etc.)? a. Please describe: _____ <input type="checkbox"/> Unknown

Yes	Maybe	No	Don't Know	
				5. In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Dairy milk from a cow or other animal source? a. Type (cow, goat, etc.), variety, brand: _____ <input type="checkbox"/> Unknown b. Raw or unpasteurized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Dairy milk alternatives, like almond, oat, hemp, coconut, cashew, rice, or soy milk? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Any yogurt or yogurt product like kefir? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Cheese made from unpasteurized or raw milk, including homemade, farm-fresh, and door-to-door cheeses? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Fresh, soft cheeses? a. <input type="checkbox"/> Queso fresco <input type="checkbox"/> Cotija <input type="checkbox"/> Feta <input type="checkbox"/> Goat cheese <input type="checkbox"/> Fresh mozzarella <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Blue-veined cheese like bleu, stilton, or gorgonzola? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Brie or camembert? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Other prepackaged, shredded, sliced, block, gourmet, or artisanal cheese? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Dairy-alternative cheese products, like cashew cheese, vegan cheese? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<b>Section 8: Eggs, Dairy, and Cheese Comments.</b> Please fill in any comments/notes from this section in the space provided below:				

**Section 9: VEGETABLES:** Now I have some questions about vegetables you (the patient) might have eaten in the 7 days before your (the patient's) illness began. You (the patient) could have eaten these either in your home or away from home, like in a restaurant, take-out, or at a catered event. This does not include canned items, but these foods could have been eaten alone or as part of a dish. I am not interested in vegetables grown at home. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (the patient) got sick.

**First, I have questions about TOMATOES & LEAFY GREENS that are not homegrown.**

Yes	Maybe	No	Don't Know	
				In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Tomatoes <u>at home</u> ? a. Type: <input type="checkbox"/> Red Round <input type="checkbox"/> Roma (oval-shaped) <input type="checkbox"/> Small, bite-sized tomato, like grape or cherry <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Tomatoes <u>outside the home</u> , sometimes served as part of a sandwich, burger, or salad? a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Dish eaten: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Salsa or pico de gallo (not from a jar or can) prepared <u>at home</u> ? a. List ingredients included: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Salsa or pico de gallo prepared <u>outside the home</u> ? a. List ingredients included: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Avocado? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Guacamole? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Iceberg lettuce <u>at home</u> ? a. Was it purchased <input type="checkbox"/> Prepackaged <input type="checkbox"/> Whole head/Loose <input type="checkbox"/> Unknown b. Type, variety, brand: _____ <input type="checkbox"/> Unknown c. Place purchased from (names, locations) _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Iceberg lettuce prepared <u>outside the home</u> , sometimes served as part of a sandwich, burger, or salad? a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Dish eaten: _____ <input type="checkbox"/> Unknown

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Romaine lettuce <u>at home</u> ? a. Was it purchased: <input type="checkbox"/> Prepackaged hearts <input type="checkbox"/> Prepackaged chopped <input type="checkbox"/> Whole head/loose <input type="checkbox"/> Unknown b. Type, variety, brand: _____ <input type="checkbox"/> Unknown c. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Romaine lettuce prepared <u>outside the home</u> , sometimes served as part of a sandwich, burger, or salad? a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Dish eaten: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Spinach <u>at home</u> ? a. Was it purchased <input type="checkbox"/> Prepackaged <input type="checkbox"/> Bundled/Loose <input type="checkbox"/> Unknown b. Type, variety, brand: _____ <input type="checkbox"/> Unknown c. Place purchased from (names, locations) _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Spinach prepared <u>outside the home</u> , sometimes served as part of a sandwich, burger, or salad? a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Dish eaten: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Cabbage? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Kale? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Arugula? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Spring mix/mixed greens or other lettuce blend? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Prepackaged salad kits often sold in a bag or clamshell? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Other leafy greens, like Swiss chard, mustard greens, dandelion, watercress? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown

**Section 9 – Tomatoes/Leafy Greens Comments.** Please fill in any comments/notes from this section in the space provided below:

**Now I have questions about fresh herbs and sprouts you (the patient) might have eaten in the 7 days before your (the patient's) illness began. Remember, these could have been part of a dish, like pesto, salsa, sauces, etc. We are not interested in dried or bottled herbs or herbs grown at home.**

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Basil, sometimes in pesto or as a garnish? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Cilantro, sometimes in salsa, Mexican food, Asian food, or as a garnish? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Other fresh herbs (parsley, chives, dill, sage, thyme, mint, etc.)? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Bean sprouts, like mung bean or soybean, usually served in stir fries, Asian salads, or soups prepared <u>at home</u> ? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Bean sprouts, like mung bean or soybean, usually served in stir fries, Asian salads, or soups prepared <u>outside the home</u> ? a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Dish eaten: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Other microgreens/sprouts (like alfalfa, clover, daikon radish, microgreens, etc.) prepared <u>at home</u> ? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Other microgreens/sprouts (like alfalfa, clover, daikon radish, microgreens, etc.) prepared <u>outside the home</u> ? a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Dish eaten: _____ <input type="checkbox"/> Unknown

**Section 9– Herbs/Sprouts Comments.** Please fill in any comments/notes from this section in the space provided below:



**Next, I have a few questions about other vegetables that you (the patient) may have eaten in the 7 days before your (the patient's) illness.**

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Cucumbers prepared <u>at home</u> ? a. Type, variety: <input type="checkbox"/> Mini (like Persian) <input type="checkbox"/> Large, wrapped in plastic (like English or European) <input type="checkbox"/> "Regular" sold loose, not wrapped in plastic <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown b. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Cucumbers prepared <u>outside the home</u> ? a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown b. Specify dish: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Zucchini, summer squash, or other "soft" squash? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Sweet or bell peppers (green, red, orange, or yellow)? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Mini or snack-sized sweet peppers, usually sold in a bag or clamshell? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Hot, spicy peppers, like jalapenos or serranos? These could be an ingredient in salsa, pico de gallo, pho, salad, or as a garnish a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Celery? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Carrots or mini carrots? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34. Pea pods, snap peas, or snow peas? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. Broccoli? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	36. Cauliflower? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. Onions (white, yellow, or red/purple), including in salads, salsa, pico de gallo, sandwiches, burgers a. What color were the onions? <input type="checkbox"/> White <input type="checkbox"/> Red/Purple <input type="checkbox"/> Yellow <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38. Green onions/scallions?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. Mushrooms, including fresh or dried? a. Type: <input type="checkbox"/> Button <input type="checkbox"/> Portobellos <input type="checkbox"/> Shiitake <input type="checkbox"/> Enoki <input type="checkbox"/> Wood ear (kikurage) <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown b. <input type="checkbox"/> Fresh <input type="checkbox"/> Dried
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40. Prepackaged, precut vegetable mix such as a stir fry or grill kit?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. Fermented vegetables (like kimchi, sauerkraut)? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown b. Was this homemade? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	42. Other vegetables (Brussels sprouts, radishes, beets, turnips, fennel, etc.)? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown

**Section 9: Other Vegetable Comments.** Please fill in any comments/notes from this section in the space provided below:

**Section 10: FRUITS & BERRIES:** Now I have some questions about fruits, not canned, cooked, or frozen, that you (the patient) might have eaten in the 7 days before your (the patient's) illness began. I will ask you about frozen fruits later. You (the patient) could have eaten these either in your home or away from home, like in a restaurant, take-out, or at a catered event. I am not interested in fruits and berries grown at home. As I read each food item, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (the patient) got sick.

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Apples? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Grapes? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Pears?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Peaches?

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Nectarines?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Other stone fruit, like apricots, plums, or cherries? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Citrus fruits, like lemons, limes, oranges, tangerines, grapefruit, mandarins, or clementines? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Strawberries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Raspberries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Blueberries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Blackberries?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Other berries? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Cantaloupe, rock melon, or musk melon? a. Precut <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown b. Type, variety, brand: _____ <input type="checkbox"/> Unknown c. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Watermelon? a. Precut <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown b. Type, variety, brand: _____ <input type="checkbox"/> Unknown c. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Other melon, such as honeydew or galia melon? a. Precut <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown b. Type, variety, brand: _____ <input type="checkbox"/> Unknown c. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Pineapple?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Mango?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Papaya?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Other fruit purchased sliced or pre-cut? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Other fruit (banana, kiwi, guava, pomegranate, coconut, dragon fruit, etc.)? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Juices or ciders? a. Raw or unpasteurized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown b. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Smoothies made with fresh or frozen fruit or produce, prepared at home or outside the home? a. <input type="checkbox"/> Prepared at home <input type="checkbox"/> Prepared outside the home, specify place of purchase _____ b. Ingredients in smoothie: _____ <input type="checkbox"/> Unknown
<b>Section 10: Fruits and Berries Comments.</b> Please fill in any comments/notes from this section in the space provided below:				

**Section 11: FROZEN FOODS:** Now I have a few questions about frozen foods you (the patient) might have eaten in the 7 days before your (the patient's) illness began. You (the patient) may have purchased the food frozen (from a grocery store, restaurant, or specialty market) and prepared it at home. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (the patient) got sick.

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Frozen vegetables? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Frozen fruit or berries, including those used in a smoothie? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Frozen pot pies? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Frozen pizza? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Frozen fish product (fish sticks, nuggets, etc.)? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Frozen appetizers or snack foods like mozzarella sticks, jalapeno poppers, burritos, potato skins, or hot pockets? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Frozen breakfast items (waffles, breakfast sandwiches, etc.)? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Frozen vegetarian foods like a veggie burger? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Frozen pre-mixed meals in a bag or box (stir fry, pasta meals, etc.)? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Frozen dinners or box entrees? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Other frozen, prepackaged product not mentioned previously? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Ice cream, ice cream products, frozen yogurt, or non-dairy frozen desserts? a. Type or brand (bar, tub, carton, etc.): _____ <input type="checkbox"/> Unknown b. Variety or flavor: _____ <input type="checkbox"/> Unknown c. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<b>Section 11: Frozen Foods Comments.</b> Please fill in any comments/notes from this section in the space provided below:				

**Section 12: NUTS, CEREAL, PROCESSED, AND DRIED FOODS:** Now I have some questions about nuts, cereals, and processed foods you (the patient) might have eaten in the 7 days before your (the patient's) illness began. You (the patient) could have eaten these either in your home or away from home, like in a restaurant, take-out, or at a catered event. As I read each food, please answer as yes, no, may have eaten, or can't remember eating the food in the 7 days before you (the patient) got sick.

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Peanut butter eaten <u>at home</u> ? a. What was the brand: <input type="checkbox"/> Jif <input type="checkbox"/> Skippy <input type="checkbox"/> Peter Pan <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Peanut butter eaten <u>outside the home</u> ? a. Place purchased from (names, locations): _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Peanut butter containing foods (cookies, crackers, candies, ice cream, etc.)? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Ground nut/seed butter or other spreads (like Nutella, cookie butter, almond butter)? a. Type(s): <input type="checkbox"/> Almond <input type="checkbox"/> Hazelnut <input type="checkbox"/> Sunflower <input type="checkbox"/> Cookie/Speculoos <input type="checkbox"/> Unknown <input type="checkbox"/> Cashew <input type="checkbox"/> Nutella <input type="checkbox"/> Other, specify: _____ b. Brand: _____ <input type="checkbox"/> Unknown

**Next, I have questions about dried fruits, nuts, and seeds you (the patient) might have eaten. Remember that these may be used as toppings or mixed into many foods. If you (the patient) ate any of the nuts below as part of another food, please answer "yes".**

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Dried fruit, including dried whole fruit and fruit leathers? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Peanuts?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Almonds (whole, sliced, chopped, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Walnuts?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Cashews?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Pistachios?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Hazelnuts or filberts?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Pecans?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Pine nuts, including in pesto?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Sunflower seeds?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Chia, flaxseed, or hemp? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. Sesame seeds or other products made from sesame seeds, like tahini or halva?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. Other nuts, mixed nuts, or seeds? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. Dips or spreads, like hummus, baba ghanoush, bean dips? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown

**Section 12: Peanut Butter/Nuts/Seeds Comments.** Please fill in any comments/notes from this section in the space provided below:

**Now I have questions about uncooked dough or batter, pre-packaged snack foods and cereals you (the patient) might have had in the 7 days before your (the patient's) illness began.**

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Eat, taste, or lick any uncooked or unbaked dough or batter (such as cookie, cake, biscuit, muffin batter)? a. <input type="checkbox"/> From scratch: type, variety, brand of flour: _____ <input type="checkbox"/> Unknown b. <input type="checkbox"/> Premade dough: type, variety, brand: _____ <input type="checkbox"/> Unknown c. <input type="checkbox"/> Prepackaged dry mix (such as cake): type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Did <b>anyone in your household</b> do any baking with flour, premade dough, or prepackaged dry mix? a. <input type="checkbox"/> From scratch: type, variety, brand of flour: _____ <input type="checkbox"/> Unknown b. <input type="checkbox"/> Premade dough: type, variety, brand: _____ <input type="checkbox"/> Unknown c. <input type="checkbox"/> Prepackaged dry mix (such as cake): type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Granola, breakfast, power, or protein bars? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Trail mix (or similar product)? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Salty/savory snacks, like chips, corn puffs, seaweed snacks, or pretzels? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Sweet snacks, like cookies or snack cakes? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Chocolate or chocolate-containing candy? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Cold breakfast cereals? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Breakfast cereals like oatmeal, cream of wheat, overnight oats, etc.? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown

**Section 12: Snack foods/Cereal Comments.** Please fill in any comments/notes from this section in the space provided below:

**And finally, I have questions about a few other products you (the patient) might have had in the 7 days before your (the patient's) illness began.**

Yes	Maybe	No	Don't Know	In the 7 days before the illness began, did you (the patient) eat any:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Bottled, pre-made smoothies?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Flavored milk powder (such as chocolate, vanilla, Carnation, or Ovaltine)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Recently purchased or newly opened spices, spice blends, or dried herbs? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Nutritional products, such as whey, protein powders, meal replacement powders, probiotics, vitamin boosters, etc.? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. Herbal products, such as powdered greens, kratom, herbal teas, or other natural remedies? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. Bottled, pre-made health drinks, like Kombucha or coconut water? a. Type, variety, brand: _____ <input type="checkbox"/> Unknown

**Section 12: Other foods Comments.** Please fill in any comments/notes from this section in the space provided below:

**Section 13: We have covered a wide variety of foods, drinks, etc. After answering all these questions are there any other things you (the patient) ate or drank in the 7 days before becoming ill that have not been mentioned?**

1. Please describe any other foods, drinks, etc. including as much detail as possible regarding type, variety, or brand.

**Section 14: ANIMAL CONTACT AND PET FOOD:** Now I have some questions about contact with pets or other animals in the 7 days before your (the patient's) illness began. Contact is defined as: you (the patient) or someone in the household handling, touching, petting, or otherwise interacting with an animal or the areas where the animal lives/roams. This could have been at your home or another home, at a pet store, petting zoo, retail store, school, daycare, or other location. As I read each exposure, please answer as yes, no, may have had, or can't remember having contact in the 7 days before you (the patient) got sick.

Yes	Maybe	No	Don't Know	Did you (the patient) or anyone in the household have contact with any of the following types of animals or the areas where the animal lives/roams?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Chickens/chicks, ducks/ducklings, turkeys, or other backyard poultry? <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Chickens/Chicks <input type="checkbox"/> Ducks/Ducklings <input type="checkbox"/> Turkeys <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown</li> <li>b. If yes or maybe, where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify: _____ <input type="checkbox"/> Unknown</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Turtles or tortoises? <ul style="list-style-type: none"> <li>a. If yes/maybe, was the shell &lt;4 inches in diameter (<i>smaller than the palm of an adult hand</i>)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</li> <li>b. If yes or maybe, where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify: _____ <input type="checkbox"/> Unknown</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Other reptiles (such as snakes, lizards, geckos, bearded dragons), amphibians (frogs, toads, salamanders), fish or other aquatic animals? <ul style="list-style-type: none"> <li>a. If yes or maybe, please specify the type: _____ <input type="checkbox"/> Unknown</li> <li>b. If yes or maybe, where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify: _____ <input type="checkbox"/> Unknown</li> <li>c. Was it fed: <input type="checkbox"/> Live mice/rat <input type="checkbox"/> Frozen mice/rat <input type="checkbox"/> Live chick <input type="checkbox"/> Frozen chick <input type="checkbox"/> Other feeder animal, specify: _____ <input type="checkbox"/> Not fed feeder animal <input type="checkbox"/> Unknown</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Small mammalian household pet, such as hamster, rat, mouse, guinea pig, gerbil, ferret, sugar glider, or hedgehog (excluding feeder rodents used as pet food for reptiles, see #3c)? <ul style="list-style-type: none"> <li>a. If yes or maybe, please specify the type: _____ <input type="checkbox"/> Unknown</li> <li>b. If yes or maybe, where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify: _____ <input type="checkbox"/> Unknown</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Any other type of pets (dogs, cats, birds (not poultry) etc.) <ul style="list-style-type: none"> <li>a. If yes or maybe, please specify the type: _____ <input type="checkbox"/> Unknown</li> <li>b. If yes or maybe, where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify: _____ <input type="checkbox"/> Unknown</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Any other animal (such as farm animals or wildlife)? <ul style="list-style-type: none"> <li>a. If yes or maybe, please specify the type: _____ <input type="checkbox"/> Unknown</li> <li>b. If yes or maybe, where did contact occur (such as home or other residence, workplace, petting zoo, retail stores, etc.)? Specify: _____ <input type="checkbox"/> Unknown</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Did you (the patient) or anyone in the household have contact with animal food, animal treats, animal feeding bowls or equipment, or the area where animal food/treats are stored or where animals are fed? <ul style="list-style-type: none"> <li>a. What type of animal food: <input type="checkbox"/> Dry <input type="checkbox"/> Canned <input type="checkbox"/> Fresh <input type="checkbox"/> Raw <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown</li> <li>b. Animal food brand: _____ <input type="checkbox"/> Unknown Purchase location: _____ <input type="checkbox"/> Unknown</li> <li>c. Animal treat type: <input type="checkbox"/> Pig ear <input type="checkbox"/> Pizzle/bully stick <input type="checkbox"/> Raw hide <input type="checkbox"/> Hooves <input type="checkbox"/> Jerky-style treat <input type="checkbox"/> Biscuit-style treats <input type="checkbox"/> Freeze-dried treats <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Unknown</li> <li>d. Animal treat brand: _____ <input type="checkbox"/> Unknown Purchase location: _____ <input type="checkbox"/> Unknown</li> </ul>

**Section 14: Animal Contact and Pet Food Comments.** Please fill in any comments/notes from this section in the space provided below:

**Section 15: RACE, ETHNICITY, AND GENDER:** In this section, we will ask questions about your (the patient's) race, ethnicity, gender identity, and housing status. We are collecting this information from all ill people. By knowing more about your (the patient's) race, ethnicity, and gender identity we can get a better idea of health risks you (the patient) may have and foods you might eat, that might help us identify what caused you to become sick. You (the patient) may belong to more than just one race or ethnicity; please check all that apply to you (the patient). These questions are optional, and you may choose not to answer them.

1. Are you (the patient) Hispanic/Latino/a?  Yes  No  Unknown  Declined to answer
  - a. If yes, please specify:  Mexican, Mexican American, Chicano/a  Puerto Rican  Cuban  
 Another Hispanic, Latino/a or Spanish Origin (specify) \_\_\_\_\_

2. How would you describe your race/ethnicity? (check all that apply)	<input type="checkbox"/> African American or Black	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian
	a. Specify Ethnicity or Nationality (optional): _____	a. Tribal Affiliation: _____	<input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian
		b. Specify Ethnicity or Nationality (optional): _____	a. Specify Ethnicity or Nationality (optional): _____
	<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White
	a. Specify Ethnicity or Nationality (optional): _____	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	a. Specify Ethnicity or Nationality (optional): _____
		a. Specify Ethnicity or Nationality (optional): _____	
	<input type="checkbox"/> All other race/ethnicities (specify) _____	<input type="checkbox"/> Declined to answer	<input type="checkbox"/> Unknown

3. What languages are spoken at home? \_\_\_\_\_  Declined to answer

4. Sex assigned at birth:  Male  Female  Sex assigned at birth not otherwise specified  Declined to answer  Unknown

5. Gender Identity:  Male  Female  Transgender Female (Trans Woman)  Transgender Male (Trans Man)  Non-binary  
 Another gender identity (specify) \_\_\_\_\_  Declined to answer  Unknown

**That completes the interview. Thank you for taking the time to answer these questions. Your responses may be helpful in preventing others from becoming sick.**